

Office Based Opioid Treatment (Buprenorphine HCL)
Training for DATA 2000 schedule III, IV, and V narcotic medications waiver

Physician Registration Form

Name: _____ D.O. ☐ M.D. ☐

Agency Affiliation: _____ Military ☐ Civilian ☐

☐ Phoenix, AZ May 16, 2003 or ☐ Tacoma, WA August 22, 2003

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail: _____

Please fax or e-mail your completed registration form to:

Dr. Babak Nayeri, A/SAP Training Officer

Fax: (602) 364-5198

E-mail: Nayeri@mail.ihs.gov

*It is requested that you submit your registration at least **two weeks** before the scheduled training date.*